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Modern Medical Resources

Since no modern doctor or midwife lived in Bang Chan nor visited regularly or on call, the nearest modern medical assistance was at the Health Center[3] in Minburi. This was an out-patient clinic and small hospital established by the Ministry of Public Health to give modern care, instruction, and occasional free issues of such items as dried milk and cod-liver oil. It was conveniently located on the big Saensaeb Canal, near smaller canals and a foot-road, and only a few hundred yards from the bus terminal at the end of the auto road. The staff comprised a first-class doctor, a nurse-midwife (whom we shall call "the nurse"), a dental hygienist and a sanitarian. The main building had offices and pleasant waiting-rooms, with living quarters upstairs for the staff. Adjacent was a well-built and well-ventilated smaller building, with two good-sized rooms, one for general, and the other for maternity cases. The maternity half was divided again into a small room for labor and delivery, and a larger room for recovery with space for 2 persons. Beds were not used; patients were comfortable on the floor with mats. Relatives provided and cooked the food for each patient on their own portable charcoal braziers in a special area. Room and delivery were free, but a charge was made for medicines.

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In Bangkok, 20 miles away, on the northern edge of the city nearest to the community, was the fine new Women's Hospital to which one wife had gone for delivery before she became a Bang Chan resident. The other hospitals of the city were occasionally used for other medical or surgical reasons by Bang Chan residents, but not for maternity cases.

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In Minburi were also a few "second-class practitioners." These were not graduates of Thailand's recognized medical schools, but they had some modern medical knowledge. A former medical orderly in the army, for instance, utilized his training to set up a practice. These practitioners used both traditional and modern systems. They would on rare occasions come to a Bang Chan farm house on call. They enjoyed the confidence and patronage of the most educated, progressive, and affluent element in Bang Chan's population, such as the teachers and many of the leaders, both young and old, who, in their patronage, saw themselves as less old-fashioned. Their large practice was lucrative, fees of 1000 baht for a course of injections being cited. Though consulted for maladies of pregnancy, to our knowledge they did no obstetrical work.

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3. In 1957 a new building with expanded facilities was opened in Minburi. All our data refer to the old arrangements.

food, seed, and chicken feed were met, 38 per cent of the crop remained to be sold off for cash (Janlekha 1965:53). Almost every inhabitant was engaged in commercial rice farming. A few teachers, craftsmen, and traders, alone did not farm. Plantings of early and late varieties in different plots spread the toil. Cooperative work or some local hired help assured adequate labor forces at the needed moment. Nevertheless, two heavy work seasons dominated the rice cycle. The first of these, June through August, involved soil preparation and transplanting of the seedlings in long straight rows. In the second season, November into February, the rice was harvested, brought home for threshing and winnowing, then sold or stored. The straw was stacked as buffalo feed. People were anxious during the preparatory and planting season, for rains were fickle and the planning and timing had to be exact. Work was hard and almost grim. Harvest, though perhaps more of a physical strain because people cut the stalks by day, then threshed and winnowed far into the night, was gay and so less taxing emotionally, for the crop had safely passed through the threats of flood, drought, and pest, and "cash was in sight." Haste was necessary because each plot of rice had to be harvested within three or four days of its maturity, and because at that season the canals were drying up rapidly, raising the possibility not only that human backs and not boats would move the crop, but that the buyers themselves could not get their boats in to take the main portion to the urban markets. Then a farmer might have to wait until the canals filled again in June to sell his rice and get his money. Since during the busy seasons everyone from age 16 on up was taken up with farming, the cooking, child care, and other chores were carried on by the aged and the very young. These work days taxed to the limit the strength of all men, women, and even young people. Ten to 18 hours might be spent stooping to transplant or weed, or, at harvest, to cut the rice stalk close to the ground. There was a great deal of heavy lifting of seedling bundles or sheaves. The few professional masseurs in the area said they were kept on the run because of back complaints especially during the periods of heavy labor.

In the periods between these two seasons, tools were repaired, houses rebuilt, and ceremonies organized. Extra cash was earned in various ways. People kept very busy, though they did allow themselves more sleep.

The importance of women's role in agriculture is indicated by their virtual equation with men. In every step of rice-production women worked alongside men, plowing with the buffalo, planting, weeding, harvesting, repairing the dikes, hauling, etc. Only uprooting the seedlings was exclusively men's work (even this was done by women elsewhere in Thailand [Kingshill 1960:7]).

Besides the work in rice-fields, women dug and cleaned

Within the community all women received about the same service. Though the poor felt the 20 to 30 baht cost[5] of a midwife was too expensive, and so utilized the free help of a compassionate kinsman (usually the mother) or neighbor, the latter sometimes were as expert manually as a midwife or even on their way to becoming one. The few critical cases, rich or poor, who were taken to the Minburi Health Center managed to pay the 50 to 70 baht fee (120 baht if penicillin were used).

General Attitudes Towards Having Children

In these farm families, children were an asset, for their help, skills, and earnings enriched the family. Boys and girls were equally desired. A girl did household chores and at her marriage brought in the considerable payment of "milk money." A boy could be ordained and so "bring merit" to his parents. Both could farm, and both would provide cherishing care to the parents in their old age, but this was expected particularly of daughters. A child usually arrived within a year or so of marriage, to the rejoicing of everyone. Until the birth of a child, marriage only partially changed the young couple's status, especially if they were still living under the parental roof. With children they became the heads of a family, with authority over, and responsibility for, a younger generation. In the few polygynous households, the position of a younger wife was enhanced when she bore a child. Sometimes on the birth of this or another child, the money paid to the bride's parents at the time of the wedding was turned over to the new mother. Title to some of the familial land, never given until a marriage had proved stable, might be conveyed to one spouse or the other. The arrival of a child was sometimes a signal for preparations for moving out and establishing an independent household, or for establishing a "second kitchen," i.e. two separate families living under a single roof. A study of the birth-rituals (Chap.V) gives evidence that the arrival of a child, especially the first, was of deep psychological and social significance to the parents. The marriage bonds were strengthened if the first-born were male (cf. p. 65). A couple without children was "sad" and "a little less rich." Barrenness was caused by lack of merit.

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5. Analysis of Janlekha's figures, borne out in observation, shows that per capita income was low, that there were many poor people, and because of the seasonal nature of income, even the rich were short of cash (1955:135-143). Ninety-two baht were the average "expenses for medicine" including delivery fees (1955:142).

magical formulae and incantations (khāthā cf. Textor 1960:80-98; 67-79). It was one of the branches of occultism (saiyasāt [Mcf. 1940:895]), the ancient science which sought by magical means to control the forces of the heavens and of earth and to manipulate them in behalf of man's interests and enterprises, whether economic, aesthetic, personal, or other. Some of the other branches were dancing, singing, the agricultural rites, boxing, boat- and house-building, and the life-cycle rites. This powerful wisdom was contained in sacred books at the Buddhist temple where it passed, usually orally, from priest to priest. It could be transmitted away from the temple between men, if they had once been ordained. Its transmission was controlled by ritual teacher-pupil relations, and its use by formal request through presentation of a sacred offering, the khwan khāo (cf. Dūan's Tale p.44). Unauthorized magic did not work because it was not validated by its supernatural discoverer; improper ritual behavior incurred strong supernatural sanctions. Instruction in magic and its use was free except for the token offerings and coin in the khwan khāo. The only rigid obligation was a public annual homage-to-the-teacher ritual (wai khrū).

The persons authorized to handle any part of saiyasāt were called mō. In the context of medicine, mō was translated "doctor." To keep the modern and ancient traditions separate, we shall use the Thai word "mō" throughout this paper for the practitioner of the ancient occult art, reserving the word "doctor" for physicians trained in modern medicine.

The field of medicine was split into categories or specialties. There were, for instance, the exorcisers of spirits or disease objects (mō phī), and the curers (mō raksā) who made up decoctions particularly for element imbalances. Astrologist-foretellers (mō dū) analysed disturbances due to astral confluences; soul-ceremonialists (mō khwan) carried on the khwan-strengthening rites; and the mō sanē specialized in love and hate magic. On a lower plane were masseurs (mō nūat) and midwives (mō tamyae). No specialist could operate in the field of another unless he had formally acquired that specialty. No limits, though, were set on the number of specialties a person might acquire so that all their lives, mō were open to and seeking new knowledge by pilgrimage, discussion, or visit to a Chinese or modern druggist. The major curing specialties were only in the hands of males, but men and women both practiced the minor branches of midwifery and massaging.19

19. A woman medium (khonsong) who cured when possessed by the spirit of a male mō was not entitled to be called mō. Her special circumstances are discussed in "Magic and Maturity."

843 278 many kinds she hardly knew which to choose. He also had all-purpose kits for mother and baby, even one with 14 different kinds of medicine "to control the body's temperature and keep the organs functioning"(H.M.H.). She decided on one of the favorites, pickled medicine (ยาดองเหล้า), and from then on took a spoonful twice a day. She avoided all peppery-hot foods which would "damage the delicate complexion of the infant in the womb, burn off its hair, and maybe even kill it." 843 262 Some women said they craved sweet, hot, or sour foods, but Dūan did not. A friend who had never eaten cobra curry so longed for its hot taste during her pregnancy that her mother gave her a small dish. She could not resist secretly finishing the whole pot! What heat and sleeplessness! To cool herself, she had sat in the canal. The baby, saved only because its mother drank the water from a young coconut fruit, "could resist the cobra heat because it was 6 months along, but even so, it shed its skin at birth." But another woman, pregnant 7 months with her third child, also craved cobra curry, ate a lot, and said she did not feel hot. Nothing at all happened! The second woman was nearer to delivery, so stood the heat better, but more important, each individual was different. Because of virtue and sin in former lives each woman--and man, too--was born under different astral confluences and had lived and suffered differently.

843 759 About the seventh month, Dūan pondered who should help her at her delivery. Some of her friends were delivered by their own mothers, but Lek had undertaken the delivery of another daughter's child, and the baby had died in an hour. Dūan suspected that her mother, therefore, would prefer not to do it, and knew that she herself would feel uneasy. So she decided for safety's sake to ask a midwife. She and Song could well afford the ceremonial offering with its customary 20 or so baht, even though the midwife said it was "as you please." A great many women never consulted with a midwife beforehand at all, but just sent word to the nearest one when the pains started or when trouble was encountered. Midwives varied in their capabilities, however, and Dūan wanted not only a good one but someone she knew well. Muslim midwives were said to be skilled, but they happened to live too far from her. Dūan decided to ask her elder aunt, Sāi, who was a well known midwife. Everything was right about Sāi. She had experienced hands, a true desire to help, and effective magic; and she was a relative. Best of all, her own babies had eaten and slept well, had cried little, and now were grown to maturity. With such proof of merit, capabilities, and fortunate relations with supernatural powers, what better person to help Dūan start her baby on its earthly existence? Actually, if something happened, and Sāi could not come, Dūan knew she would not be alone or unassisted. Almost every woman, and quite a few men, had

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seen childbirth not once, but many times, so willing hands abounded. So, one day, Dūan went to Sāi. "Will you help me, and come when I call you? Please do not go far at that time." Sāi agreed, knowing in her heart she had expected to care for Dūan. No day could be calculated because the baby decided when to be born. Dūan came home very fast, for doing so would help ensure a fast delivery.

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As the weeks passed, Song, the new child's father, collected outside the house a great cone of sakae firewood from their land. This wood was for the post-partum fire beside which Dūan would lie for many days. As the fire had to be very hot, a great deal of wood was needed, all to be collected beforehand. Song also covered the outside of the pile with thorny woods to keep away evil spirits. On her part, Dūan knew that everything needed for delivery was ready in the house as part of the regular household staples or utensils. Nothing need be bought except possibly a little Borneo camphor to mix with lemon grass for faintness, and alum. The midwife should never bring anything with her because it was essential to use what was in the house. Anything lacking could be quickly borrowed after the pains started. The little cushion on which the baby was to lie was cut, and half-filled with kapok. It was not sewn up, lest it induce by example a closed-up exit from the womb, or suggest a mal-placed or deformed baby which had to be delivered onto a pillow. No one wanted to prepare for such an unhappy event. No clothing was bought for the child ahead of time for then the child might die, and all would have to be destroyed.

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Dūan felt at ease and yet somewhat frightened at the prospect of the pain ahead. At an ordination she attended one night she listened again to the chant she had heard many times:

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> "In childbirth a woman has pain all over her body...She is losing her soul and feels so frightened, despairing, and suffering that she throws herself up and down from time to time as if her mind were terribly wounded by the poisonous arrow of a hunter. She is uneasy and moans loudly as if a big mountain had fallen down upon her, and she is supposed to wait for death. She does not recover even if massaged by someone. She does not think of her pain, but tries to save the child's life, when, after the pushing wind comes, he is born" (S.S.).

On other occasions she pondered the deep satisfaction of her maternal role, then laughed in recalling a crafty woman who

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A midwife or doctor could not be blamed, unless it was felt they did not help as much as they could have.

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A child lacking in merit died. Such individuals, for some reason, did enough at their own birth. Words of comfort to a surviving mother were, "your baby did not have enough merit to live." If particularly sinful, it died after making delivery unusually painful. "Once a child was born dead, but it teased the midwife by moving its legs a bit. Consequently, its death was not the fault of the midwife." The child's lack of merit was proved by its death and its maliciousness. There was no hostility towards any child born in a hard delivery, for if both mother and child survived, the demerit that caused the suffering was the mother's.

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On the other hand, a meritorious woman with a meritorious baby had a short, easy delivery. Such a child was considerate: "he will not hurt his mother, will help her to bear him easily, and will live."

A woman who safely came through childbirth felt deep satisfaction and new security. Bearing a child in itself did not bring any merit, though it was an act of merey. Merit could come later with the ordination of a son. However, why one woman had successful or short labor, and another not, was unequivocally clear and accepted. If delivery were normal, she was confident of her and her child's store of merit. If not, she bore the anguish, convinced that she had brought it on herself in some previous life. Since sins were worked off with pain, every thrust made her future lives happier. Fear was minimized, for if death came, it was merit-determined.

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156 (riak khwan). Theirs was an augmented personal potency[55] in nurture not unlike the mana so widespread in the Asian-Pacific area.[56] The best midwives were liang di, though not all liang
• [159] di were midwives. This societal peak was not an unattainable ideal. In the community, certain women were pointed out as liang di and some of them recognized in themselves the validity of this title.

562 The association of rice, motherhood, and khwan now stands
774 clear. Rice made suk by cooking over a fire, was the essential
776 food not only for the body but for the khwan. Growth and life
262 depended on the nourished khwan. Rice came from a maternal figure, the Rice Goddess, Mae Phosop (cf. J.R. Hanks, 1960). Human mothers, too, when made suk, gave suk nourishment: the milk of the breast was merely transformed rice. Whenever rice was eaten throughout human adulthood, the Rice Mother continued her nourishment, for in each grain was a bit of her khwan, nourishing to the human khwan. The rice-bowl and ladle, used in many a ceremony, stood for the maternal care given a human khwan, and by extension, personal care throughout life. Whenever the rice bowl with offerings (khwan khao: soul-[of]-rice) [182] was presented by a parturient or by a sick person, loving care comparable to maternal care was being requested.

182 The idea of re-birth, of a fresh start within the pure
885 area encircled by the holy cord, with auspicious words and
846 consecrated fire, was deep in every life-cycle rite. The
562 particular circumstance of the fire of parturition was a
372 forthright cooking to bring out and increase a woman's essential femaleness, to transform her from a youthful, partial giver into a complete, mature donor of nourishment. Such was the satisfaction of women in this female role that many said they would like to be reborn as women. Few wanted

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55. Anuman Rajadhon (p. 134) reports that in India a newborn girl needed no ritual paraphernalia to keep away spirits because "her sex...is a protection in itself, and spirits cannot come to bother her." This was close to Bang Chan's idea of female potency.

56. Cf. "Mana" (E.R.E. VIII:375) for a quick run-down on a definition of mana.

Chapter VI

MIDWIFE AND MŌ

1759 In Bang Chan it was easy to ask, "Who has delivered babies?" The answer would run into dozens of names. To respond to "Who are the midwives?" an informant would give the names of 6 or 8 persons, then add, "Some people call them professional midwives but some do not. X is not a midwife but she knows how. Y delivers babies, but only out of pity. Z has delivered 30 babies or more, but she is not a midwife." If asked, "Are there doctors among those who deliver babies? " he would say, "Mō (doctors) never deliver babies."

Before a definition of a midwife is given, a general picture of midwifery in Bang Chan is needed.

844 ### The Practice of Midwifery

Normal childbirth, a cooperative venture between mother and child, was not an illness. It called only for the help of kin or neighbors. Anyone who had seen or experienced childbirth at least once before was considered a possible, though not necessarily competent, "deliverer" of a child. [593] The husband was supposed to be present to assist; failing whom a father or brother should attend. Consequently a good many men had witnessed birth. The spectacle was disliked, however. Anyone, though, young or old, male or female, kin or not, might offer or be asked to help. Private magic was [774] not essential, though it was necessary for someone with incense, flowers, and a candle in hand to inform (bōk), the Lord Buddha, the ancestors, and the ordinary protective spirits of the land and home and so enlist their help. The customary post-partum rituals and blessings were not esoteric. Enough popular astrological knowledge was known, or quickly and freely available from a priest at the temple, to orient the woman in labor. Consequently, many a woman was delivered by her mother or other kin. One poor farmer and masseur, with the assistance of his sister, delivered all but one of his own children. On another occasion, a visiting kinsman, by chance a medical orderly in the Royal Thai [759] Navy, safely delivered a relative. In all these cases the cost or "gift" was less, or non-existent, and the convenience

greater, for relatives were at hand. Some of these ordinary persons developed skills of considerable consequence. 844

If difficulties developed, then a more experienced person, perferably a midwife, was needed. But many a midwife assisted at normal births. Because difficulties might arise from a deficiency of merit either in the mother or the child (one could never know which), many women preferred to have in attendance, for peace of mind, either a midwife or an experienced person to insure the presence of expert help. Sometimes they were engaged in advance, more often just sent for "as pain is increasing," it being not always certain whether the case was normal or not. 844 759

A few women were delivered at the Mīnburī Health Center. These were rarely normal cases. The Center was turned to as a last resort in dire circumstances, with the result that sometimes the woman died in the boat on the way. A few persons of rather more modern outlook, such as wealthy farmers, teachers, and traders, had been delivered there and recognized its usefulness. 844 743 845 847

The midwives lived in all parts of the community, with 3 in the populous central temple area. No one was more than a half-hour's paddle, or an hour's walk from the home of some midwife. What was desired, however, was a particular person, even though he might not be the most accessible one. 759

Since midwives were all heads of large families their clientele was mostly their kinsmen. They also took care of non-kin who lived in their locality. A daughter or other close relative who had married out would be attended wherever she was, if she did not return home for confinement. 759 571 602

In choosing a midwife, a parturient sought out not only skill but favored a kinsman over a non-kinsman, a close relative over a distant one, a near person over a far.[63] Occasionally, to sustain an image of progressiveness, social superiority or of wealth display, a midwife from outside Bang Chan was imported. Sometimes proximity, convenience, and

63. A male and 2 female kinsmen-midwives were called by the man's sister to deliver her, and all came. He did not deliver her because she was "too close a relative," but he said a brother "could deliver a sister."

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affection overrode kinship.[64] Thus affinal relatives and non-kin neighbors were also requested to assist. Buddhists attended Muslims and vice-versa, (though Muslim women preferred female assistance).

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In emergencies the professional midwives' area was the whole community. They travelled long distances to attend women who were not close kin. No parturient, however, even in an emergency, was ever attended by a complete stranger. In all likelihood, every adult in the community knew the midwives at least by sight.

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As to the size of the practices, reported activities ranged from the Muslim midwife's estimate of 10 per year, down to 2 or 3 per year.[65] The 2 men and the most competent female midwife reported about 4 per year, a figure probably weighted on the side of the difficult cases per year. It is noteworthy that the men, in spite of being as we shall see both mɔ̄ and midwife, did not have larger [462] practices than the women. It was considered basically a woman's skill.

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None of the midwives derived much income from their practices, nor did they expect it to be significant. Their main income came from rice-growing from which, however, the women and one of the males had largely retired because of age. The other male midwife was exceptionally busy as a labor contractor, builder of houses, land-owner, and headman as well. The midwives found the 5 to 30 baht offered

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64. Two teachers who were in the kinship category of granddaughter (lān) to the 3 best midwives, and lived only a few hundred yards from them, were delivered by a woman who was mother-in-law to one and husband's older sister to the other and who was "not a midwife but knows how." Since labor was quick and normal, no higher help was necessary. On the other hand, all 3 of these midwives turned up to help at the confinement of another cherished "granddaughter." Only one of them actually delivered the infant but other functions were diplomatically divided up by the young mother.

65. Hauck studied 46 babies, aged up to 3 and so not all born in one year. Thirty-one were delivered by 4 of the professional female midwives (12,9,7,3 respectively); a male midwife and an "experienced" person had done 2 each; 11 women, one each (Hauck, 1959:61). A few of the latter 11 [502 [571] were ordinary kin, not midwives.

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in the khwan khāo "gift" handy cash. The income was about 40 to 200 baht ($2.00 to $20.00) per year.

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The duties of a midwife were not time consuming if all went well. There was practically no pre-natal care, and a few hours of care was given for only three days after birth. If complications arose, though, the midwife spent long hours away from home. In fact the husband of one midwife grumbled, "You don't receive anything, and just waste time. Sometimes you stay away over night, and no one watches the house or the children."

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In their social role, midwives felt personal but not group solidarity. A solid bond existed between an older midwife and the particular younger one to whom he or she had given training and magic. Those related by blood or marriage sometimes worked together, and even turned over cases to each other if outside demands became pre-eminent. If in trouble on a case, midwives did not call on each other unless as close, affectionate relatives but turned rather for help from a mō or to the Mīnburī Health Center. Yet sometimes rivalry was severe. If the family of the parturient felt that no progress was being made with one midwife, they called in another and another. Each did his utmost and then stepped down when it had to be admitted, "My magic is not enough." The final expert who brought mother and baby through before the deposed midwives glowed inwardly with pride and skill and satisfaction that the magic of his particular teacher had proved effective. The sharpness of the competition reverberated through the words, "I pushed the other midwives down." Community standing or "face" was not lost by an unsuccessful case because of the midwives' fundamental role as helpers only, their faith in their own experiences, and again, the conviction that the course of childbirth was merit-determined.

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Though living like other elder citizens of the community, in their social role they were more respected. Known as selfless donors of time and energy for the sake of others, whose successes gave proof of merit and nurturing capacity, they were viewed as assets to the community. In spite of competition considerable affection was evident between some. They were elders before a sea of youth, old friends who had for years lived and farmed side by side, met at ceremonies, and shared many experiences.

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If the case were in difficulty sometimes a mō was called, sometimes a midwife or even both. What was the nature of their respective specialties? What in fact made certain midwives "professionals" (tham ākhīp [Mc.F. 990]) when others who had equal or more experience were not so considered?

The Role of the Mɔ̄

756 844 A mɔ̄ never delivered the baby and never even touched a woman in labor, for this was not part of his specialty. If labor were slow, or weakness were setting in, he came to give a decoction to raise the fire element within the body, speed up the winds and so strengthen the contractions. He also gave holy water for general strength and to clear out, if such there were, any obstructing spirit or magical disease object like khun. Because of his experience, though, he might stand beside the midwife or other woman instructing; for instance, "Pull now!" "Watch out for the eyes!" His advice was more often sought after childbirth if fever or swollen body were in evidence, for these were the results of "inadequate outflow of blood and fishy-water." Because they were called in case of debility, the mɔ̄ were the ones who suggested when it was advisable to send a parturient to the Minburī Health Center.

756 84 No priest-mɔ̄ was ever called for childbirth because of the contact with a woman's genital area, though they were consulted on menstrual and pre-natal irregularities.

• 759 The Specialty of the Midwife

Midwives were called mɔ̄ tamyāā (doctor-expert-in-occultism; pounding, as in a mortar [McF. 365] crouching, [McF. 682]). There were 4 or 6 women, both Buddhist and Muslim, and 2 or 3 Buddhist men, who had delivered 100 or so babies apiece. They ranged in age from 50 to 70. Dozens of women had delivered babies one or more times but were not accorded the title of midwife. [192]

759 845 The foundation of their specialty was a greater than usual manual skill, developed over long experience. "We have only our hands," said one woman. The more expert could handle certain mal-positions, and did not hesitate, but only with permission, to put the hand into the vagina to turn the baby or "unstop the blood." They were better judges of the progress of labor, whether normal or slow, and of the symptoms of debility. They were more likely to keep calm in the face of extreme suffering where the parturient's relatives, over-eager in their desire to help, sometimes inflicted

severe injury, such as bruising by excessive pressing, or even in hysteria pulling the child to pieces in their effort to get it out.[66]

Secondly, a midwife offered success, not only as proof of competence, but as a substantive asset. It will be remembered that the initial shape of an event set the invariable pattern for its subsequent occurrences. Thus a parturient was virtually certain of successful childbirth if she called on a person who had the habit (khoei) of success. It could not turn out otherwise. We have also seen that these successful midwives were good nourishers (liang dii). A new mother wanted to associate herself with such a fortunate sequence. Once established, a midwife's reputation was not unduly tarnished by the loss occasionally of a mother or baby. She might explain, "The woman did not do as I said," or "I was not given permission to do what I could have done, for her family feared she would be even more hurt by my putting my hand into the vagina." Death was, of course, only due to the running-out of the deceased's merit.

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66. To give something of the measure of their skill: if the feet of the baby appeared first, one man "straightened the legs by hand inside, held the chin carefully as the head came through," while another said, "Do not press or reach into the vagina. Let the baby come naturally." If an arm came first, or it were a breech presentation ("the baby is turned over"), the procedure was to "pull and press lightly," but it was conceded that neither the mother nor child could be saved. Expulsion of the placenta was frequently difficult. "It may take 2 hours or stay in 2 days or more. Some die when it is left in, but some do not." The technique of removal was to give a medicine, press, pull with the hands rubbed with alum for a better grip, with the woman in a crawling position. Some reached into the vagina to locate it. One woman had analyzed her practice so as to know when to expect trouble: namely, in the later pregnancies and childbirths, i.e. the sixth and seventh, say, rather than in the early ones during a woman's younger years.

As to mortality, one "professional" man estimated 30 deaths of babies out of 238 deliveries in 50 years. Hauck (1956) reported 90.6% live births (pp. 32-33), 7% of the babies dying in the first month, 11% within the first year (pp. 39-41). One should remember that the professionals had a greater proportion of difficult cases. One woman had delivered over 100 babies and "all lived."

759 In these 2 qualifications of skill and success, some of the explicitly non-professional old ladies were recognized as easily matching the professionals. What then was the definition of a professional midwife?

759 What the professional midwives alone did was to deliver
789 non-kin, for which they had to have magical formulae and reliable celestial knowledge. The incantations gave a midwife the right to be called a mō tamyān, for he or she was using to a greater or lesser extent the sacred wisdom of occultism (saiyasāt). Here midwifery was like any other craft or endeavor. One could cure, sing, and build a boat without magic, but with it, the chances of success and effectiveness were increased. The incantations could "ease delivery," "get a baby out that had died inside"(for this baby could no longer do his part), "prevent the poison of the fire from burning the mother," and give other special help. That this magic was the crucial difference between the professional and non-professional was illustrated by the old lady who had delivered 30 babies, but vehemently[67] denied being a midwife. "I am not a professional. I have no magic. I only pray to the Lord Buddha and think of sacred things each time."

759 A professional also had more detailed astrological
787 knowledge of the orientations of relevant celestial beings so that delivery would be "helped and not obstructed." This knowledge was in no way a professional secret, but if complications during childbirth were evident, it was necessary to have accuracy, and convenient that the midwife had it.

759 To certain villagers the designation "professional"
562 could not be applied to women because, never having been
212 ordained, they had not learned to read, as men supposedly had, not only Thai but Pali and Cambodian, the languages of
191 medical and magical lore. "A professional midwife has a
778 book. No woman can become professional because she cannot read." The idea was that incantations were correct only if taken from the sacred texts at the temple, though in fact the formulae were taught orally. One male midwife had a sacred book in his private possession, which was proper, for

sacred books were inherited by males.

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67. Her vehemence may reflect either pride in being so successful without magic--a true liang dī--fear of being reported as unlicensed (see below, p. 145); or consternation lest she be accused of using magic to which she was not entitled.

sacred books were inherited by males.

In the light of this definition, only the 2 or 3 males were true professional midwives. They gave elaborate annual ceremonies of homage to their teachers (wai khrŭ) attended by all the persons who had profited from the teacher's magic that year. However, all the male midwives were also fully qualified mɔ̄. Their ceremonies were large because they were dedicated to the teachers of their curing powers as well as midwifery.

The male midwives, then, were in a somewhat different category than the females. They were mɔ̄ who had, in addition, trained their hands for midwifery as an "extra specialty." Midwifery seems to have been one of the few areas where skilled hands were considered of greater importance than magic. "We have no magic for delivery," said one male midwife, knowing that nothing but merit could guarantee success. Because they had access to the incantations for element and spirit control, and could make holy water, the midwife-mɔ̄ could spare the parturient the necessity of getting in an outside mɔ̄, if such were needed. However, one part of the midwife's job the men could not do. To protect their male powers of invulnerability they were forbidden to wash the woman's clothing. A woman or a female midwife always had to do this. Men also could not provide the female "mystique" particularly related to the khwan and to growth.

However, the community did not adhere to this narrow definition of professionalism, for several of the experienced and competent women, Buddhist and Muslim, behaved as professionals and were accorded the title of mɔ̄ tamyaa. Their magical formulae, being congruent with their female office of promoters of growth and life, were especially effective. Like a mɔ̄ they received the ritual gift of the khwan khaw, hallmark of the possession of occult formulae, which the patient presented to assure the benefits of magical knowledge.[68]

68. This ritual bowl of rice and offerings was never excused even between the closest kin. If forgotten or misused, the "teacher" punished the midwife with pains, and had to be mollified with a food offering. The magical benefits could not be withheld once the khwan khaw had been accepted. It was not accepted if the patient were too near death to be assisted. If the patient died, the whole gift, cash, rice, and all, was given at once to the temple to make merit.

759 [465] Although as to fees, they said, "It is as you please," these women received as a rule the higher honoraria of 10, 20, and 30 baht. They did not have a separate teacher-rite but paid their respects during regular temple events, such as offering a pig's head and the other items during someone's ordination, though the Muslim midwife had her modified teacher-rite in a separate home ceremony, not at the mosque (cf. Appendix:Muslim Customs). [212] [214] It was even said of the best female midwife that "she had a book." She was literate in Thai. Even if her book were a popular astrological guide, it carried the reverence accorded all books. Whatever it was, its possession increased her aura of reliability. [789] Though the woman did not receive their magic at the temple but rather from a kinsman in the maternal line, their incantations, which appeared to be in the Pali-Thai tradition, were no less effective.

759 The professional midwives, both man and woman, saw themselves as individual custodians of sacred knowledge and competent in a technique. They were not only interested and ready, but obligated to give expert care to anyone, anywhere it was needed.

The non-professional midwives always thought of themselves as voluntary helpers of kinsmen, acting "out of pity," and carrying on their female responsibility for new life as [562] elder women helping their younger relatives. The idea of giving nurture and assistance was so deeply ingrained in the female office that the professional midwives saw themselves fundamentally as volunteers.

Learning Midwifery

The decision to deliver a daughter or a wife was not momentous. One did not have to be "suk" to deliver a baby. The same practical and compassionate motives that led a mother or husband to do this led some of these people to seek out professional techniques so that they might "help more." One woman, bearing her own child at 25 with intense suffering, became angry (chep chai) because "the midwife did nothing to help, but just sat and chewed betel while others did all the work." In desperation she called in her own mother to deliver her. She also "felt she had many relatives who would need her help." Another was asked by her mother's brother, a midwife, to accompany him as he was getting too old. He then gave her his magic. A man took up the specialty after his first child, a son, died at birth from ineptness, he thought, of the midwife. Another man, though, took it up as a "minor extra" to his career as a mo. All learned the skill by accompanying and helping an

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established midwife who was a "close relative."

Sometimes the interest arose in young people. A girl started at 15 to accompany her mother, a midwife, as helper and delivered her first case alone (an emergency) at 20. A boy of 15 also helped his mother's sister, who was a midwife. Later, when married, he delivered some of his own children, but denied that he ever intended to take up the calling. One young man in his 30's, was seen going "as a team" with a well known old mɔ̄ who directed him in the manual operations but who did not ever touch the woman himself. He also assisted one of the female midwives, but had not yet delivered a baby alone.

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The first child delivered by anyone was always the child of a close kin. Only with success at this first delivery would a person even consider doing it again. The second case, and the next few were confined to the potential midwife's close relatives, children (lūk), grandchildren, and the children of siblings (lān). Thus, the skills were validated within the kin circle before a midwife felt ready to practice outside.[59]

With success, a person of developing skill might be willing to include non-kin in his clientele, i.e. become a professional. One resolved only to help relatives but her "fame spread." As another said, "seeing it was safe, I was encouraged to go on." By this time, magical formulae had been

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59. Daughters-in-law were within the validating circle if circumstances were "convenient"--i.e. if their own mothers did not deliver them and if they lived with their husband's people. No witchcraft was feared between women. A mɔ̄ in his specialty also had to validate his skills within his close kindred before non-kin would call on him. A reputation began at home.

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759 571 602 sought, ritually requested of some relative who was a midwife.[70] Some persons though continued to limit themselves to delivering their relatives, and never sought magic at all.

Two Worlds: The Natural and the Supernatural

759 772 To deliver a baby as a midwife or even as an unskilled kinsman, embraced 2 aspects: a manual or technical, and a magical. These aspects corresponded to Bang Chan's 2 great worlds of knowledge and experience: the natural and the supernatural.

Midwifery was not alone in embracing both of these categories. Every activity, bus-driving, dancing, printing, or other, had its incorporated magical means to augment the probability of success. Though with the manual or technical skills of the natural world alone one could come through all right with even a modicum of supernatural help, success was greater. No one wanted to take the responsibility and risks of "going it alone" especially when the resources of the supernatural world were so freely and easily accessible to everyone. At the very least, one could start an enterprise on Friday (Wan Suk: Happy Day). The closer an enterprise was to the margin of life and death, however, the larger the supernatural element. In farming, curing, and midwifery, for instance, the ritual component was strong.

[874] Since these 2 worlds were qualitatively different, each required a different method of learning. The supernatural world, immaterial, royal and sacred, was learned

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[789] 70. Three women had recieved theirs from their mother, mother's mother, and mother's older brother, respectively. A retired midwife planned to give hers "to the daughter or grandchild ("lan":sex not specified) who was interested enough to ask for it." One man had received his from his father's father. Childbirth magic would hardly be a suitable topic of conversation between priests, but it might have been passed down there, too. The midwife whom one accompanied while learning probably was the source of one's magic. Women's magic was passed down the maternal line only, whereas men could get theirs both from kinsmen and at the temple.

by instruction from a ritually[71] approached teacher. "One cannot accidentally learn. One has to ask to be taught." As a practitioner in this field, the title "mɔ̄" signalized expertise; where teaching was involved, the title was khrū (teacher [McF. 183]) or ācān (professor [McF.996]). Speech was the key to this tradition, in spite of sacred books and wall-carvings in the temples.[72] Modern education, being book-and-teacher based, shared in this aura. There, even today, listening is more comfortable than reading.

Techniques of the practical, natural world were learned not by teaching but pragmatically by observation, example and experience. Eyes were the key. "I know because I saw," said a midwife. At the highest level of achievement in the natural world one was expert (nak), e.g. convict (nak thōt, an expert in being punished) a tourist (nak thīao, an expert in roaming around).[73] Within the natural world, an intense pragmatism reigned always emphasizing visual phenomena. People were keenly

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71. To speak ritually one held in the hand the trio of incense, flowers, and a candle. This was the way to cross over from the profane to the sacred world, to inform (bɔ̄k) or make a request of, a sacred being (a teacher, priest, king, or deity). The tiny flame of the offering invoked holy fire, and so had the effect of making one's words compelling, for no one could gainsay a request under such circumstances. A husband about to deliver his wife held incense, flower, and candle in hand as he requested the help of ancestors and spirits. (Bishop Pallegoix saved the existence of his mission by thus approaching the King [Pallegoix, Vol. 1:201]). The trio of offerings, whether at the 4 corners of the lying-in fire-floor, or in "hat phlī krathong" at a "thām khwan" rite, or even in an ordinary khwan khao made all actions and words compelling.

72. Because words, immaterial and invisable, lay at the base of occultism, words as continuous agents of power permeated Bang Chan's ordinary daily life. This was why words, verbal play, and punning initiated action: pregnant women attended the monks' "coming out of retreat" (ɔ̄k phansā) so that the child would "come out" (ɔ̄k) easily.

73. It should not be forgotten that most activities in the supernatural world had their technical sides, and the term "nak" was used there too. A curer had to learn his herbs; a dancer, his steps; and a master of ceremonies, the words of the chants.

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aware of what they observed and interested in experimentation. One woman, observing a mother who did not take any medicine, and even ate jackfruit, commented that she was "quite strong." Another watched what happened to a parturient who had no one to boil water for her, so used canal water. "She is healthy!" she exclaimed. Another decided to test whether not burning up all the wood made a child unable to finish his work and found the maxim untrue.

Just as supernatural knowledge was individually transmitted from a teacher to a pupil, so knowledge learned by observation was personal, even idiosyncratic. The actual observer of a phenomenon might change his ways accordingly, if he wished, but no one else would do so unless he too "saw it with his own eyes." The habits of one did not become the habits of another unless the same visual experience had been shared.

Because of the separation of the occult and the practical, the old midwives of Bang Chan would find it inconceivable that technical aspects which should be visually transmitted could be taught from a book.

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743 Chan during a period of residence in Bangkok was delivered
844 at the Women's Hospital and at a later pregnancy at the
178 Minburī Center. With her last baby, however, she elected
to be delivered at home by the local midwife as more con-
* [759] venient in order to assure from her bed supervision and
proper care for her other children. One young woman of
very high social and economic standing preferred to import
a midwife from a community six kilometers down the canal,
and bear her child in her own home rather than attempt
getting to a hospital.

Moreover, basically the Minburī Health Center was seen
[845] as a place for sick people, while normal childbirth was not
a medical matter. To plan ahead for medical care there was
to invite an abnormal delivery. The Center also suffered
a poor reputation for success because difficult cases, hope-
lessly advanced, were the usual ones brought in. "At the
Center are many ghosts," people said.

743 Some comments were genuinely favorable. The cleanli-
759 ness of the hospital was greatly appreciated. Anyone who
178 witnessed the skill of the doctor or nurse-midwife held it
in respect.

Techniques of delivery were sometimes mistrusted,
75 sometimes admired. "They pull out the child with their
844 hands, which is dangerous." "The fecal pump is unneces-
743 sary." "One may not crawl during labor." A mō-midwife
178 who witnessed the nurse-midwife at work said approvingly,
"She can force a baby out, but our midwives can only press
harder," and "The hospital knows when a baby will come."
The stopping of the flow of birth fluids by an injection
was resented as affecting strength adversely, yet the in-
jection that "made the placenta come so fast I couldn't
notice it," or "gave the mother strength when the baby
was stronger than she" was liked. The pills for pain were
enthusiastically received. The hospital's closed windows
"protected the baby from wind element," but the journey
home dangerously exposed it and the mother to cooling wind.
The dietary recommendations during recovery appeared
wrong: eggs, which were "too cooling," or fruit, which
"gave no strength." The suggestion of a nurse that scis-
sors be used to cut the cord was resented as uncomprehend-
ing of village living problems ("we haven't any!" and
"scissors always rust") and also as unwise ("rust gives
tetanus poisoning").

75 Another criticism was the lack of personal warmth and
844 pity manifested by modern physicians and nurses, unlike
178 the attentive, reassuring mō. By forbidding abdomen-
pressing, they were accused of "not doing enough," even of

"not wanting to help." The mother and baby were seen as having to fend for themselves. The very confidence built up in modern medications led to a conviction that doctors maliciously withheld available, effective medicines. "She died at the Center because she needed medicine but was not given any." Personality factors sometimes were involved: one doctor was considered incompetent, fearful of complicated obstetrical cases, and brutally indifferent to a countryman's views and circumstances--("Since we have no room, why don't you charter a bus to take your parturient wife to Bangkok?"), whereas another was friendly and wise. Since doctors were part of the respected government hierarchy which enjoyed superior knowledge and status, and also of the supposedly compassionate medical tradition, they were expected to be competent, kind, and protecting. Those who failed in winning confidence undermined the status of modern medicine.

The midwives themselves thought of the Mīnburī Center not only as a recourse if a case were in deep trouble, but also as a personal convenience. One male midwife, who was also a headman, and carpenter-contractor, was often too busy to stay with a woman in prolonged labor. To turn her over to another midwife other than a kinsman would damage his reputation. Knowing Mīnburī well, he found the Center a convenient solution to his dilemma. He had respect for the nurse-mid wife's skills, which he had witnessed, and regarded the doctor as a colleague on his own level, a view probably not reciprocated. The women midwives, too, always considering themselves at bottom volunteers, when faced with pressing home chores and the "impossibility of turning a relative over to another midwife," utilized the impartial service of the nurse-midwife. One cloud impeded the female midwives from making full use of the occasion as an opportunity for observation and so instruction. They refused to identify themselves as midwives out of fear of legal sanctions. Having neither taken the course prescribed by the government for "ancient" midwives nor paid the fee, they were not licensed. Thus, they lived in dread of fines if their calling became known outside the community. They knew they were permitted to deliver babies within the family, but outside those rather hazy boundaries, they took refuge in an old view, "I am not a midwife. I only help out of pity."

All in all, the people of Bang Chan had fitted modern medicine into their broad medical scheme where it could be accepted on its merits, if not blocked off by inconvenience, high cost, and discourtesy.

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friends to say positively that they cannot and will not endure it. For such, some other course has to be taken by the use of ...medicines" (p. 81).[74]

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The most noticeable modification in the customs of childbirth was the shortened fire-rest which had shifted from 29 or so days, to 9 to 15 or less; this was practiced by everyone.[75] Another conspicuous change adopted by a few dozen persons was the substitution for the open fire of a heat-making contrivance, in particular the hot-ashes or charcoal burning container (chamber or fire-box: fai chuut) and the hot water bottle. (The hot brick and wrapped pot of hot salt were probably old alternatives.) New, of course, were the occasional utilization of the Minburi Health Center; the second class doctors; and, somewhat more generally, the novelties of the market, such as flowered net-frames, mits, shirts, pillowcases, and pacifiers. There were a few other changes noted.

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Who took up the innovations? First, they were women who had already successfully borne a child, undergone a full fire-rest, and were bearing their second or later children. Being already ritually mature (auk) and of proven competence in childbearing, they had no reason to fear a change and nothing to lose. Age and experience gave them the self-confidence, authority, and interest to ponder their experience and decide on ways to increase their effectiveness and their comfort. They had the right to do so because of the fundamental autonomy of the individual. Strong-minded old ladies might criticise the substitution of the hot-ashes container for the fire, feeling it was not hot enough to do the job, but they never questioned the woman's right to do so. The least likely to adopt

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74. On the other hand, Bradley (pp. 82-83) was puzzled why his success in saving the life of so revered a personage as the Queen by taking her off the fire, a move so thoroughly approved by the King, did not cause universal abandonment of the fire-rest. He was not aware that many a mɔ̄ did the same (with the possible exception of the sponging with tepid water), that as a mɔ̄-with-a-particular-specialty he could do anything he wanted but no one would copy it without personal formal authorization, and that he was up against the deeply-rooted rite of female maturation concerning which even royalty had no authority (Bangkok Calendar, 1871:107-109).

75. We have no data on whether this shortening process set in in the 1930's, or after World War II in the late 1940's. The month-long rest was universal in the 1920's.

1: Hanks E-5 (1953-1954) 1964 AQ7 Central Thai AQ7

Chapter IX

GUIDES FOR THE INTRODUCTION OF CHANGES

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The government of Thailand provides in Bangkok and in other centers of the country up-to-date facilities for training in modern midwifery. It has also created in some places special opportunities for the traditional midwives to upgrade their skills. One of the objectives of the Minburi Health Center was to carry on a certain amount of instruction in modern views. For reasons that have been explained, no one in Bang Chan ever had or even sought modern instruction. The midwives of whom we have spoken grew up entirely in the folk tradition.

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On the basis of the material presented at length in the previous pages, a few suggestions are here advanced which may be of help to these public programs in maternal and child health.

1. Build a program around the idea that it will help women in their age-old role of caring for, raising, and nourishing (liang) children. Emphasize that through new techniques they may increase their strength and care better for themselves and the babies.

2. Change existing practices as little as possible.

3. When a change is offered, ask that the midwife, mother, or whoever observed it watch for certain results which allow them to judge it in relation to the old. The idea is strong that aspects of the natural world can be analyzed and considered pragmatically, then legitimately utilized as a basis for modifying customary behavior.

4. Pay special attention to the places where the old and the new come into conflict and seek ways to resolve these conflicts.

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As an example, let us consider these points in relation to cutting the umbilical cord. Modern instruction recommends the use of scissors--neat, sterilizable, handy--to avoid infection while cutting the cord. People in Bang Chan wish to avoid this infection, too, but for them scissors are unsatisfactory for several reasons: they are scarce, they rust--and

Hospital Delivery

If modern obstetrical method is demonstrably more effective and easier, let the midwives, mɔ̄, and relatives see it! If amiably received by the doctor or nurse, they will bring in patients, and accompany their relatives. The midwives--and many non-midwives--know the practical difficulties, and will be keen and interested observers. In so far as possible any persons accompanying a patient should be permitted actually to assist in some way. Perhaps the country midwife could be allowed to deliver the baby with nurse or doctor alongside to instruct and comment. Such experience is more effective than a dozen travelling demonstrations-with-a-doll. 006

Discussions with the (non-midwife) mɔ̄ who must handle prenatal disorders and abnormal childbirth should be conducted by the doctor, not the nurse, for doctors are viewed as colleagues on the same level. [959 924]

In sum, everything modern should not be expected to be better than the traditional. The complete rationale underlying some modern behavior cannot be grasped at once. Explanation must be given as the second class doctors do it: in terms that can be understood. The foundation for cooperation between modern and traditional medicine is solid It is the common objective of healthy mothers and children.

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APPENDIX

MUSLIM CUSTOMS IN BANG CHAN

The small Muslim minority in Bang Chan though maintaining its identity, lived scattered through every hamlet, with the heaviest concentration around the mosque at the southern edge of the village. The occasional inter-marriage of Buddhist and Muslim was eventually amicably adjusted to the community and the religion. Some Buddhists manifested a veiled hostility in calling the Muslims "stingy." One said, "Muslims have expensive medicine to induce abortion, after which they might kill the baby. A Buddhist would use this medicine to help deliver, but would not dare take life." The Muslim reputation as a source for powerful magic, especially for love and sorcery, bespeaks some edginess in the relations between the 2 ethnic groups, but Buddhists sometimes sought out the benefit of this magic.

In spite of these separatist tendencies, the Muslims were fully Thai citizens, and participated as equals with the Buddhists in the economic, political and much of the social life. The 2 groups were in many respects interdependent. The Muslims did not object to taking life, so acted as butchers for the Buddhists. Muslims were frequent patients of Buddhist mɔ̄, whether priests or lay. The only Muslim who did a little curing was the To Iman, head of the mosque, but few if any Buddhists came to him for cures. Because every mɔ̄ gave an annual ceremony of homage to his teacher attended by everyone who had benefited from those powers during the year, Muslims and Buddhists met amiably at several large feasts. These festivals were public displays, very competitive in feeling, of the success of the different mɔ̄. One became the largest of the village-wide festivities. Buddhist women attended the Muslim female midwife, teacher-rites, and vice versa. Buddhists and Muslims, especially the prominent families, attended each other's home ceremonies, such as weddings, tonsures, and that part of the ordination held in the home (the thaa khwan). Separate kitchens were established at large Buddhist ceremonies so that Muslims could safely adhere to their one dietary regulation, the avoidance of pork. No such arrangements had to be made at Muslim ceremonies for Buddhists had no food taboos, and loved Muslim cooking.

Midwifery was an area of frank, harmonious interchange, with midwives of either religion often attending women of the other. Buddhist male midwives were allowed by the Muslim husbands to attend their wives, though female attendance was preferred. Satisfaction was expressed by Buddhist women over

759 the slight differences in ministrations. "The Muslim mid-
795 wife massages more than the Buddhist." The woman easily
844 entered into reciprocal courtesies. The Muslim woman knew
591 the steps in the Buddhist winnowing ceremony and performed
[852] them as desired. One Buddhist mother dispensed, however, with the winnowing "because the midwife was Muslim." A Buddhist woman made up the khwan khăo in the fashion specified by the Muslim midwife and participated in the latter's teacher-rite.

795 Certain fundamental ideas of the Muslims led to rein-
779 terpretations of familiar Buddhist terms and activities.
[774] "Khwan" referred to the soul, but with no implication of reincarnation. "Bun," meaning "merit" to the Buddhist,
[782] meant charitable giving in the sense of tithes, for Islam prescribed that a portion of one's income be given to the
[177] poor. On the other hand, the Muslims had taken over many Buddhist practices: for one, the acceptance of Buddhist holy water as a cure for spirit attack.

795 Completely Muslim was the stress on physical and
[783] moral purification as an objective of every rite, and
[304] conversely, the prevalence of the idea of defilement.
[764] "Circumcision is to cleanse the body before growing up," it was said. Muslim mortuary rites were elaborate pro-
[831] cedures for purification. When a Muslim baby died, the Buddhist midwife said, "The body was cleaned before
[834] burial," implying thorough measures beyond his ordinary
[562] experience. Procreation was viewed as dangerous and contaminating. The behavior that hid sexual phenomena at the same time by constant prescriptions kept sexuality much more in mind. Muslims separated males from females, for example, at feasts. No Muslim male ever became a midwife.

795 The events surrounding childbirth illustrated the
843 differing viewpoints between Muslim and Buddhist. In the
844 seventh month of her pregnancy, a Muslim woman called on her chosen midwife, and gave her a gift of betel pepper leaves and areca nut to assure her services (făk thong: to deposit gold). On returning home, she went as
[273] fast as possible "to insure fast delivery." Since Muslims frowned on liquor, their medicines were made up of hot-tasting spices in hot water. Yet one Muslim mid-
795 wife prescribed large doses of liquor before and during
844 parturition. For labor and delivery, a Muslim was stricter about utilizing the privacy of the small enclos-
[562] ed room, if there were one, while in the Buddhist household "it could be anywhere" in the house. Muslim men, except for husband, brother, or father, were excluded from the scene. The Muslim khwan khăo contained "7

The Muslim khwan khao contained 7 items"--a young (or ripe) coconut with its water; thread or "a skein of yarn"(used not to tie in the khwan but "for the teacher"); 7 pieces or areca nut; 7 betel pepper leaves; one "heavy" (15 gram) yellow wax candle; one "bag" of incense; rice; and 30 bàht in money.[78] The khwan khăo was not offered with the idea of its reaching phrá In (Indra) ultimately, but rather the local princely spirits of the land, chao thī, chao thān, and Mae Thoranī (Mother Earth). It was waved 3 times by the midwife over the abdomen of the woman in labor with the prayer: "Spirits of the land, Mother Earth, may the delivery be easy!" The khwan khăo was then placed at the mother's head. The woodpile was knocked over so as to point to Mecca, which was west, a direction avoided by the Buddhists. "When nearly ready to deliver, a Muslim midwife turns the mother's face in the direction where the family's hens hatch their chicks. If they have no chicken, then in any direction."[79] If delivery were slow, a Buddhist mō was called to "shift the mother to new places" until the baby came out.

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Muslim women lay post-partum by a fire for the usual physiological reasons. In making up the fireplace, instead of a cluster of incense, flowers, and a candle, this purely Hindu-Brahman-Buddhist trio, they sprinkled salt "to keep away evil spirits" on the dirt at the corners. Salt, oil, or alcohol was spewed over the fire and the woman's body, or only magic was recited, "to control the poison of the fire." "Of these, salt is best," said a Muslim midwife, but "whichever a midwife used first has to be continued for the rest of her life as her way of doing things, because the habit has been started that way." The Muslim magic for controlling the fire was "ōm ming ōm (ūn ōm fai sawā hai." "So be it, stove, rocks (or mountains), fire, be cool, may a blessing rest to you," though "ōm" is the Pali-Buddhist "mystical word." The placenta was not put in a pot beside the fire, but was washed by the midwife several times until perfectly clean, then was mixed with salt and buried in the dirt directly under the fire. When the fire was finally destroyed, the placenta was dug up, washed again, and immediately buried (not in a pot), with the

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78. There was some evidence that the thread and incense were included only when a Muslim midwife was delivering a Buddhist woman.

79. To the Muslims this was an act of imitative magic. The Buddhists saw the action of a setting hen as a quick source of information for the parturient's orientation. The hen always avoided the direction of the phī lūang (Textor:378).

795 844 795 304 852 851 795 853 608 phlai and bamboo cutter under the house "so the child would not roam away from home." The circumcision (akiko) performed up to the eleventh year, allied a child to a human group. "Circumcision is to accept the new-born baby into the status of human beings" In a corresponding ceremony for girls, the To Iman "cut a little piece of the labia." However, some Muslims had the full winnowing ceremony performed. If it were not, the child was raised aloft in the midwife's hands with the words, "Mother Sī, Mother Sāk, may this child be cool and happy!" The new-born baby was then laid in a cloth cradle. Fruits were hung over the tray or cradle. If a lactating Muslim mother accepted another's child to nurse, the 2 babies had to be of the same sex "lest later in life they marry, in which case theirs would be an incestuous, brother-sister marriage." The Buddhists entertained no such idea, so nursed babies of either sex as needed. A Muslim view of colostrum as "like pus from a sore" carried a more negative overtone than the Buddhist's statement: "At first the mother's milk is too dilute to be useful."

795 759 At the annual homage of a Muslim midwife to her teacher each of her patients of the year sent a kilogram of sugar, one coconut, one or 2 liters of glutinous rice, and a hen (if a baby girl had been born) or a rooster (if a boy). The chicken was killed by the midwife and made into curries for mosque officials (men) invited to the ceremony. The incense and candles were burned "while she thinks of her teacher."

90 to 100% unbroken grains, are used. To benefit rice farmers, enrichment should either be done at the nearby mills, or premix sold locally, and farmers taught to mix it with their own rice. Because the premix used and marketed by the Thai Rice Company contains riboflavin as well as thiamine, niacin and iron, the treated grains can be readily distinguished from ordinary rice. Enrichment at the mill would be convenient, but would probably entail some government supervision and would not automatically ensure a better nutrient intake unless people learned the value of the conspicuous yellow grains. From this standpoint, separate purchase of premix might have advantage, at least in the initial stages of the program.

As far as we know, use of rice polishings in preparing "with-rice" dishes has not been explored in Thailand. Incorporation of rice polishings into a variety of soups and other "with-rice" dishes which would be acceptable to the Thai palate should not be difficult for the Thai home economist interested in experimental cookery. Nutrients usually lost in milling could thus be returned to the human diet. If adopted this procedure could be effective even in families that cling to the customary method of cooking rice in excess water. One old lady with beriberi, whose doctor had prescribed rice polishings, said she found them tasty. Information on the health value of rice polishings would probably be received more favorably if homemakers were shown acceptable ways of using them. A watery extract of the polishings might be used as a stop-gap preventive of thiamine deficiency while the slow process of changing food habits is going on. Such an extract could be used as a strengthening medicine for women during pregnancy and lactation, for infants and young children, and for those doing heavy field work, i.e. for vulnerable groups. The "second class doctors" at Minburi, the priests who practice healing, other traditional practitioners and midwives, because of their basic desire to help, would provide natural centers of information for this purpose.

Efforts being made by Thai government agencies to encourage eating more "with-rice" and less rice should be continued. A Thai co-worker suggested that "an educational program enjoining less peppery forms of with-rice would have the effect of encouraging consumption of a larger proportion of with-rice" (Sharp et al. 1953, p. 278). Various food items including those with a hot taste, were sometimes said to be bad for children, pregnant women, sick persons, etc., but seldom was any food mentioned as being good to eat under these circumstances. The concept that hot tasting foods are not healthful might be coupled with the idea that more generous amounts of mild dishes, especially those including green and yellow vegetables, should be used instead. The most widely used vegetables in Bang Chan were the wild swamp cabbage, and (2)phag (2)ka-(2)cheed, both leafy aquatic plants. Planting more (2)phag (2)ka-(2)cheed, and liberal use of both of these plants while they are available should be encouraged.

had 2 to 4 children. In each case, the information obtained related to the most recent delivery.

Delivery. - In Bang Chan delivery usually took place at home. Four of the mothers we interviewed went to the home of a relative or relative-in-law. In two of these instances the relative was also the midwife; in the others the mother was apparently seeking a place where she could be more satisfactorily looked after than at home.

Three women went to the Health Center at Minburi, about 3 miles from the center of the Bang Chan community, to have their babies. Two of these mothers expected to be delivered at home but were taken to the Health Center when labor proved long. All 3 returned home either on the day of delivery or the next day and lay by the fire. Two others, both school teachers, told us in advance that they expected or hoped to go to the Health Center, but when labor began they were unable to do so because their babies came so quickly. Aside from the 3 who went to the Minburi Health Center, only one of those interviewed went outside the community to have her baby. Informants usually considered the delivery uncomplicated; although, as noted, some labors were long.

Traditional midwives, who were not professionally trained but had learned from other traditional midwives before them, attended most of the mothers. One woman who was alone delivered the baby herself, one said she had no midwife but did not specify other help, and 2 had the help of women who did not ordinarily practice midwifery. The 3 women who were delivered at the Health Center had professionally trained help. Obstetrics as practiced in Bang Chan has been described by Hanks (1959).

Care of Mother During Postpartum Rest Period. - Traditional behavior during the postpartum rest period has been described by Hanks (1959).

Lying by the fire. - The ancient custom of (2)juu (1)fai[1] (literally to be by the fire) after childbirth was still observed by most women in Bang Chan. The chief difference between the practice as we observed it and as it was described in the Bangkok Calendar[2] for 1865 was in the length of the period. In former times this was as much as a month after the birth of the first child, with shorter periods for successive

1. See Appendix, p. 51 for glossary of Thai terms.

2. The unsigned article entitled "Siamese Obstetrics" was presumably written by the Rev. Dan Beach Bradley, M.D., a Protestant missionary who compiled the Calendar.

had lived outside the village and returned to the home of her mother, a traditional midwife, for delivery. Eight other women who were delivered by the same midwife observed (2)juu (1)faj. Two of these 5 women who, by using a hot ashes chamber, ventured to take a step away from the tradional practice were non-Thai (Chinese and Mon). Another, a woman aged 40, was having her 12th child. When we interviewed this woman during pregnancy she said she expected to lie by the fire, but when we visited her after the baby was born she was using a hot ashes chamber. The wife of one of the school teachers, who had observed the traditional (2)juu (1)faj with her first 5 children, said she found "the new way" more convenient; but by using it she had incurred the displeasure of some of the older women, especially her grandmother.

Activity and bathing. - Activity appeared to be rather limited during the postpartum period, but the respondents said they could move about to get some things for themselves, to eliminate, etc. We saw women sit up on the plank which served as bed to nurse the baby, change the cloths under it, and help to weigh and measure it (i.e. to assist us). Because of the warmth of the fire, and to avoid the smoke, the women turned from side to side frequently.

Bathing was customary during the postpartum rest period. For the first three days this was one of the midwife's responsibilities in care of the mother (Hanks, 1959).

Medications. - The 46 women who told us about medications used after childbirth had a total of 63 medicines; i.e., many used more than one kind. With one exception these were taken internally, and all preparations taken internally were mixed with alcoholic liquor (28% alcohol). Of the medications used, only one was prescribed from the Health Center, 4 were home remedies, and the remainder commercial preparations.[1] Two popular brands, snake brand and (1)jaa (1)dauaung, accounted for 60 per cent of the total.

Milk stimulation. - As already noted, lying by the fire was thought to be favorable to milk secretion. One woman commented that, since she was not a good milk producer, she must lie by the fire more than 7 days. Six women spoke of the hot water which they drank during the postpartum rest period as good for milk production. A large majority of the women mentioned taking (1)kaaeng (1)liang, a broth made with dried

1. According to the label, some of these were supposed to be useful for menstrual and other complaints, as well as for childbirth. Some were even recommended for treatment of various disorders in men as well as women.

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among children in Bang Chan is not known. One thing which residents of Bang Chan appeared to have in common with other populations which have been reported to be relatively caries free, was low intake of sugar, particularly in a form which would be apt to adhere to the teeth.

Adults up to 44 years of age, in the random sample, retained most of their teeth. A few adults in Bang Chan have had missing teeth crowned. More sound than missing teeth were found to be crowned, however, i.e. in this community a crowned tooth appears to have cosmetic value.

A variety of serious illnesses were found to occur among residents of Bang Chan. As a rule, local traditional practitioners were consulted first, but most persons reported to have been seriously ill eventually received treatment by outside practitioners with some training in modern medicine.

The majority of mothers in childbirth were attended by local traditional midwives, but a few difficult cases were taken to the government Health Center in the nearby town of Minburi, where a trained midwife was in attendance.

Of 438 pregnancies reported by 84 mothers, over 90% resulted in live births. Of the 397 living children born to these women, 81% survived at the time of interview. Within the first month of life, 7% had died, and a total of 11% died within the first year. Tetanus was prominent among causes of death of infants under one month of age. Infantile beriberi caused some deaths among older infants. In a majority of cases, the cause of death of infants could not be clearly identified, but fever, debility and convulsions were the symptoms most commonly described.

Almost half of the persons examined for possible signs of nutritional deficiency, 46% of the school children and 47% of the family sample, were free of such signs. The remainder, slightly more than one half of persons examined, had from 1 to 7 signs each. In general, more of the children and adolescents than the adults were free of possible signs of malnutrition, and the larger percentages of persons with 2 or more signs were in the groups of older persons examined. Signs most often noted, namely changes in tongue, lips, skin and hair, and absence of knee and ankle jerk, might reasonably be associated with apparent deficiencies of riboflavin, vitamin A and thiamine in the diet. The only clearly defined deficiency disease observed among residents of Bang Chan during the field study was beriberi.

Hemoglobin values of 11.5 g or less per 100 ml. were

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Table 14

163 Relation of Live Births to Total Pregnancies as Reported by 84 Women in Bang Chan

	Number of mothers	Total cases	Percentage of total pregnancies
Pregnancies	84	438	100
Miscarriages	23	33	7.5
Deaths in utero	4	4	0.9
Stillbirths	3	4	0.9
Live births	84	397	90.6

Illness and Injury

• 759 Medical Services Available to Residents of Bang Chan. - Within the community of Bang Chan, about 8 traditional "doctors" and 15 traditional midwives practiced their skills. Three of the traditional practitioners were Buddhist priests. The others earned their living chiefly by farming. In addition, two or three persons who were skilled at massage, and at least one medium had some reputation for success in treating sick persons.

743 The nearest source of trained medical assistance was Minburi, the market town about 3 miles from Bang Chan. The staff of the Minburi Health Center, which was under Thai government auspices, included a first-class doctor, a dentist and a nurse-midwife. One or two beds were available for the use of critically ill patients until they could be taken to a hospital in Bangkok. For less critical illnesses, the second-class doctors who operated private clinics in Minburi seemed to get more patronage from residents of Bang Chan than did the doctor at the Health Center.

844 The majority of women in Bang Chan were delivered at home, by the traditional midwives. During 1952-53 we learned of two pregnant women who planned to go to the Minburi Health Center for delivery, but time did not permit them to carry out their plans. Some cases of prolonged or difficult labor were, [743] however, brought from Bang Chan to the Health Center, where a labor room and a delivery room were available in a separate wooden building. Facilities were very simple. Patients lay on

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164 survey made in one hamlet, KY-7, give a rather different picture of the extent of illness and injury in Bang Chan, if the situation in this hamlet is at all representative of the whole. Hanks (1954), found that serious illness had occurred within the previous year in 17 of 38 households[1] in the hamlet KY-7. Twenty-four persons of various ages were involved, and the illnesses were described as lasting from a few days to 3 years. Specific diseases were mentioned in 7 cases: diphtheria, typhoid fever, pneumonia (2 cases), malaria and beriberi (2 cases). In the majority of instances, however, symptoms rather than diseases were mentioned, i.e. fever, diarrhea, pain in chest, disorder of throat, lung complaint, swollen feet, and the like. One case, described as a wound in a 5-year old child, might have been due to accident.

757 In all, the 24 ill persons obtained a total of 40 "treatments,"[2] from one to four types of treatment per patient. Treatment by modern doctors was used more frequently than other means of help (Table 15) although such treatment is not available within the community of Bang Chan. Fifteen of the 24 persons who were seriously ill had treatment by modern doctors, several patients receiving treatment from more than one. Thirteen patients had one type of treatment only (as that from either traditional practitioner or modern doctor), 7 used 2 types, 3 used 3 types, and 1 had 4 types of treatment from 5 individuals. The latter case was that of a child who was described as sick for 60 days with pneumonia, neck swelling and fever, and was treated by a traditional practitioner, two priests who were also traditional practitioners, and a medium, all in Bang Chan, and a second-class doctor in Minburi. Another child who was sick with lom sandan (faintness, weakness or loss of consciousness) for three days was treated by 4 local traditional practitioners and a second-class doctor at Minburi. One child with saang (a disease of young children, said to be caused by the loss of the soul or spirit) was treated by the modern doctor at Minburi, only.

757 As a rule, local practitioners of one sort or another
• 759 were visited or called first, those in Minburi next, and those in Bangkok, only after nearby help had been consulted. This order was not invariable however. For example, in the Hamlet KY-7 series (Hanks, 1954) was one woman who was sick with beriberi for about 8 months after childbirth. She went first

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1. Interviews were not obtained with 3 of 41 household heads in the hamlet.

2. Each type of practitioner, as traditional practitioner or modern doctor, was counted as a separate "treatment."

[TEXT CONTINUED ON PAGE 37]

A [see p.36-Analyst].

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Table 15

Treatment Used For Serious Illness by 24 Persons in 17 Households, Hamlet KY-7

757 - 759

Specified Treatment	Locality			No. of Persons Treated
	Bang Chan or adjoining area	Minburi	Elsewhere[2]	
Persons consulted:[1]				
Modern doctor[3]		18(21)	4(7)	19
Traditional practitioner	11(14)		3	11
Priests	3 (4)		1	4
Muslim masseuse	1			1
Medium	1			1
Medicines used without advice of practitioner:				
Purchased from market			1	1
Obtained from neighbors	1			1
Home remedies	2			2
Total	19(23)	18(21)	9(12)	40

1. Figures indicate the number of persons who had the specified type of treatment, not the number of visits or treatments. The higher numbers in parenthesis indicate that in some cases a patient consulted more than one person in a category, i.e. more than one traditional practitioner or modern doctor.

2. Modern doctors in Bangkok and Tonburi, and at Don Muang; traditional practitioners at Chachoengsao, Bangkok and in the rural area near Bang Chan.

3. Doctors most often visited in Minburi were "second-class," i.e. not graduates of medical schools, but persons with a limited amount of training in modern medicine.

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757 to a second-class doctor in Minburi, then to a nearby Muslim
• 759 masseuse, then to a local traditional practitioner who gave her some jaa tom (cooked medicine). Another instance, recorded in the field notes, is that of a school teacher's baby who had abscesses on her head. The mother took her child first to Minburi, where she was given an injection and a sulfa drug to be taken orally. The child did not get well immediately, and before all of the drug had been taken, the mother took the child to a local traditional practitioner who gave her a decoction of herbs which was to be given by mouth. Thus in some cases, modern doctors were consulted first, and local traditional practitioners later, if relief was not as speedy as was expected. The experience in this one hamlet suggested a willingness to try a variety of treatments, and the existence of a considerable degree of confidence in modern medicine.

758 According to Ralis (1955), 213 of 335 household repre-
743 sentatives interviewed had visited a clinic or hospital. Of these, 156 had gone to Minburi, and 135 to hospitals or clinics in Bangkok, some having gone to both places. Of 250 hospital or clinic visits, 125 were for treatment or hospitalization; the bulk of the rest were to accompany patients or to visit hospitalized relatives or friends. No significant difference in reports about seeking treatment or hospitalization was found between groups of persons differing in literacy, or in socio-economic level.

164 Infectious disease. - The principal evidences of infectious disease noted in the course of the clinical examination for assessment of nutritional status were trachoma and smallpox scars. Occasional cases of ringworm and other fungus infection, and of pediculosis were observed by the physician.

When the 233 school children and 148 additional persons included in the random sample of village households are considered together, i.e. a total of 381 persons or more than one-fifth of the total population of the village, only 3% were found to have trachoma. Eleven of 13 cases found were among 237 children 7 to 14 years of age, i.e. an incidence for this group of 4.6%. Zimmerman (1931) reported 119 cases or 4.3% of all persons examined in Central Thailand, and 277 cases or 2.9% of persons examined in the whole Kingdom. Among the school children examined, however, he reported an incidence of 12.6%.

Of 381 persons examined in Bang Chan, only 10, or fewer than 3% had smallpox scars. Two cases only were in adults, the remaining 8 being among children of school age. Our records do not show when the most recent cases occurred in the village.
751 According to Zimmerman (1931), 88% of over 2200 school children examined had been vaccinated. No information was obtained concerning the proportion of residents of Bang Chan who had been

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751 vaccinated but among school children the percentage is very high. During the survey period a health officer came to the Bang Chan elementary school to vaccinate children; and at that time at least one nearby resident, a school teacher's wife, brought her infant for vaccination.

164 Illnesses probably, in most cases certainly, of infectious origin, which were mentioned in the field notes, include the following, which are listed roughly in the order of frequency: skin disorders such as abscesses and boils, fever, respiratory disorders including colds and influenza, tuberculosis, "upset stomach," measles and diphtheria. Two cases of diphtheria with one death, occurred while the survey was in [744] progress. At this time health authorities came to the village to inoculate the children on a voluntary basis (Hanks et al. 1955). As already noted, malaria and typhoid (one case each), were mentioned as occurring during the year previous to the inquiry in Hamlet KY-7 (Hanks, 1954).

• [759] [743] A number of references were made to history of cholera, smallpox and malaria, but these did not appear to be current threats. Two cases of severe diarrhea were called "cholera" but one was on the way to recovery the next day. The traditional practitioner who was asked to treat the other, urged that she be taken to the hospital, and himself accompanied the patient and family members. At the hospital, they were told that members of the family and neighbors should "get vaccinated and have their toilet covered."[1] No further mention of this case is made in the field notes, hence the correct diagnosis is not known to us.

Since a modern doctor was frequently not seen, diagnosis of disease was often uncertain. More often, major symptoms were described or the disorder was given a local name, for which there is no good English equivalent, such as various kinds of *saang* and *lom*.

Non-contagious disorders. - Among current non-contagious disorders mentioned in the field notes, in replies to questions on surveys, and in some cases observed by the physician, were the following, listed roughly in order of frequency: menstrual disorders, headaches, boribori, cancer, asthma, eczema, nephritis, and rheumatism.

Accidents. - Accidents which were recorded in field notes include bites of dogs, spiders, leeches and snakes, falls from buffaloes and down ladders, burns, cuts, drowning and poison from drinking kerosene. Among the school children examined,

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1. Field notes, S.S., April 29, 1954.